



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Inventor: HOWSE et al.

Examiner: S. Piascik

Serial No: 09/736,023

Art Unit: 3643

Filed: December 20, 2000

Atty Dkt: HOWS3002/REF/JJC

For: A METHOD AND APPARATUS FOR CONTROLLING PESTS

11/amt B  
JH  
1-24-03

AMENDMENT

Commissioner for Patents  
Washington, D.C. 20231

RECEIVED

DEC 18 2002

GROUP 3600

Sir:

This is responsive to the Official Action dated August 15, 2002 in the above application. A Petition to enlarge the shortened statutory period for responding to the Office Action accompanies this paper with the requisite fee. In view of the following amendments and remarks, reconsideration of the application is respectfully requested.

Please amend the application in accordance with the following particulars.

IN THE CLAIMS

✓ Please amend claims 1, 17 and 23 as shown in the APPENDIX OF MARKED-UP VERSION OF CLAIMS. A clean version of claims 1, 17 and 23 is shown in the APPENDIX OF CLEAN VERSION OF CLAIMS.

Please add new claims 29-46 as presented in the APPENDIX OF CLEAN VERSION OF CLAIMS.

12/17/2002 SSESHE1 00000008 09736023

01 FC:2202  
02 FC:2201

162.00 OP  
42.00 OP

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: PHILIP E. HOWSE

SERIAL NO.: 09/736,023

FILED: February 28, 2001

FOR: METHOD AND APPARATUS FOR CONTROLLING PESTS



GROUP ART UNIT: 3643

EXAMINER: SUSAN L. PIASCIK

ATTY. REFERENCE: HOWS3001/REF/JJC

PATENT

3643

*[Handwritten signature]*

THE COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

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GROUP 3600

Sir:

Transmitted herewith is a communication/amendment in the above-identified application.

- ☒ Small entity status under 37 CFR 1.9 and 1.27 is claimed.  
☐ No additional fee is required.

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee
Total Claims	46	- 28 <sup>1</sup>	= 18 <sup>3</sup>	× \$ 9 = \$162.00	× \$ 18 =
Independent Claims	5	- 4 <sup>2</sup>	= 1 <sup>3</sup>	× \$ 42 = \$42.00	× \$ 84 =
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$140 =	+ \$280 =
TOTAL				\$204.00	\$0.00

<sup>1</sup> If less than 20 enter 20.

<sup>2</sup> If less than 3 enter 3.

<sup>3</sup> If less than 0 enter 0.

- ☐ Please charge my Deposit Account Number 02-0200 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is attached.
- ☒ A check in the amount of **\$259.00** to cover the additional claims fee (\$204) and Extension of Time fee (\$55) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to Deposit Account Number 02-0200. A duplicate copy of this sheet is attached.
- ☒ Also enclosed is/are: Appendix of Marked-Up Version of Claims; and Appendix of Clean Version of Claims

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(703) 683-0500



DATE: December 16, 2002

Respectfully submitted,

*[Handwritten signature of Justin J. Cassell]*

JUSTIN J. CASSELL  
Attorney for Applicant  
Registration Number: 46,205